

IN CLERKS OFFICE
2007 DEC -5 P 4:2
U.S. DISTRICT COURT
DISTRICT OF MASS.

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 05-cv-11119 PBS
Appeal No. UNKNOWN

HAROLD KOLTIN, THEODORE KOLTIN, AND
EDITH KOLTIN, PLAINTIFFS,
v.
FALL RIVER POLICE DEPARTMENT ET AL,
DEFENDANTS.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Harold Koltin

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 12/15/07

My issues on appeal are:

ERRORS BY THE COURT

ABUSE OF JUDICIAL DISCRETION

BASELESS DISMISSAL OF CASE; BASELESS DENIAL OF MOTION TO VACATE ORDER

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months	Amount expected next month
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Employment	You <u>\$ 4400.00 HK</u>	Spouse <u>\$ N/A</u>	You <u>\$ 7000.00 HK</u>	Spouse <u>\$ N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>N/A (0)</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A (0)</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>N/A (0)</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A (0)</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>650</u> SSI	\$ <u>N/A</u>	\$ <u>650</u>	\$ <u>N/A</u>
Other (specify):	<u>N/A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total Monthly income:	\$ <u>650</u>	\$ <u>N/A</u>	\$ <u>650</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions) MEDICALLY DISABLED AND UNABLE TO WORK

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
"	"	"	"

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions) NO SPOUSE

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
"	"	"	"

4. How much cash do you and your spouse have? \$ N 900 No SPOUSE

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>CITIZENS BANK</u>	<u>CHECKING</u>	<u>\$ N 900</u>	<u>\$ N/A</u>
<u>NONE</u>	<u>NONE</u>	<u>\$ NONE</u>	<u>\$ N/A</u>
<u>NONE</u>	<u>NONE</u>	<u>\$ NONE</u>	<u>\$ N/A</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	Make & year: <u>'98 PONTIAC (4000)</u>	
				Model: <u>GRAND AM</u>	
				Registration#: <u>588 MHD</u>	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
Model: <u>N/A</u>		<u>N/A</u>		<u>NONE</u>	<u>0</u>
Registration#: <u>N/A</u>		<u>N/A</u>		<u>NONE</u>	<u>0</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	<u>N/A</u>	<u>No SPOUSE</u>
<u>NONE</u>	<u>N/A</u>	<u>" "</u>
<u>NONE</u>	<u>N/A</u>	<u>" "</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ 42 (cell)	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 4750	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 5	\$ N/A
Medical and dental expenses	\$ 5	\$ N/A
Transportation (not including motor vehicle payments)	\$ 6	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in Mortgage payments)	\$ _____	\$ N/A
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 3900	\$ N/A
Other: N/A	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in Mortgage payments)(specify): 0	\$ N/A	\$ N/A
Installment payments	\$ NONE	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Credit card (name): NONE	\$ 0	\$ N/A
Department store (name): NONE	\$ 0	\$ N/A
Other: NONE	\$ 0	\$ N/A

Alimony, maintenance, and support paid to others	\$ _____	\$ <u>N/A</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>80</u>	\$ <u>N/A</u>
Other (specify): <u>RENTAL STORAGE FEE</u> <u>TOILETRIES/PARKING FEES</u>	\$ <u>260</u> \$ <u>100</u> Total monthly expenses: \$ <u>368</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

Yes No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? \$ N/A

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No (Don't Know)

If yes, how much? \$ UNKNOWN

If yes, state the person's name, address, and telephone number:

UNKNOWN

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

HOMELESS - CHRONICALLY

SHELTER-LESS

MULTIPLY SERIOUSLY PHYSICALLY, PHYSIOLOGICALLY,

AND MENTALLY DISABLED; LIFE-THREATENING

DISORDERS, AS MEDICALLY DOCUMENTED

INDIGENT

13. State the address of your legal residence.

HOMELESS P.O. Box 275

MALDEN, MA 02148

Your daytime phone number: (781) 420-9872 (cell)

Your age: 58 Your years of schooling: 16

Your social security number: 011380408